PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 **CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN** (Column 1) (Column 2) TYPE ____ SMALL ENTITY OR **NUMBER EXTRA** NUMBER FILED FOR RATE FEE FEE RATE 690.00 345.00 **BASIC FEE** OR minus 20= **TOTAL CLAIMS** X\$ 9=X\$18=216 OR minus 3 = INDEPENDENT CLAIMS X39 =X78= OR MULTIPLE DEPENDENT CLAIM PRESENT +260= +130 =OR * If the difference in column 1 is less than zero, enter "0" in column 2 906 TOTAL TOTAL OR **OTHER THAN CLAIMS AS AMENDED - PART II** SMALL ENTITY OR **SMALL ENTITY** (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-NUMBER REMAINING **PRESENT** TIONAL RATE RATE TIONAL **PREVIOUSLY** AMENDMENT **AFTER EXTRA** FEE FEE PAID FOR AMENDMENT X\$18= Minus X\$ 9= Total OR Minus Independent X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI-NUMBER **PRESENT** REMAINING TIONAL RATE TIONAL RATE **PREVIOUSLY AMENDMENT AFTER EXTRA** FEE **FEE** AMENDMENT PAID FOR X\$18=Total Minus X\$ 9= OR Independent Minus X78= X39 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR TOTAL TOTAL ADDIT. FEE ADDIT. FEE (Column 3) (Column 1) (Column 2) HIGHEST CLAIMS ADDI-ADDI-NUMBER REMAINING **PRESENT TIONAL** TIONAL RATE RATE **AFTER PREVIOUSLY EXTRA** MENDMENT FEE PAID FOR **FEE AMENDMENT** Minus **Total** X\$18= X\$ 9= OR Independent Minus X78= X39 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE ADDIT. FEE *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number

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DATE:	01/09	04	•	•	
TO:	01/09	, ン			
FROM:	Office of Initial		ation	المالكات	10505
SUBJECT:	Fee Due	·		W. W.	BI, S I WAL
APPLICAT	ION NUMBER:	09 593	5,162	1	والأرام
authorizatio	for the attached one following reason to charge a depopriency.	on. Please checosit account. It	ck the applicat	tion for the	appropriate
Ci Insuffici	ent fee by check				
W Insufficie	ent funds in depos	it account	_		
G Declined	credit card		ý.		
□ Non auth	orization for char	ge to deposit ac	ccount		•
☐ No fee su	bmitted per requi	rement e		•	
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The correct f	ee code:	0	amount	\$	100
The suspende	ed fee code: 197		amount	- \$	
Fee Due			amount	=\$	180
If you have an Eleanor Kurtz	y questions, pleas at 703-308-3642.	e contact Cynt	hia Streater at	703-306-5	430 or
Terminal Ones	rator Allua	8 th		٠	